

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

**SOLERS INC PAC**

ADDRESS (number and street)

**950 N GLEBE ROAD****SUITE 1100**☐ (Check if address is changed)**ARLINGTON****VA****22203**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)**solerspac@solers.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)**www.solerspac.com**2. DATE 

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	9

3. FEC IDENTIFICATION NUMBER

**C C00467167**4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Mr. David Kellogg**Signature of Treasurer Electronically Filed by **Mr. David Kellogg**

Date

M	M
1	0

 / 

D	D
0	5

 / 

Y	Y	Y	Y
2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE (Check One)

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
Candidate

Candidate  
Party Affiliation

Office  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State  
(or subordinate) committee of the  (Democratic,  
Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

**SOLERS INC PAC**

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**Solers Inc**

Mailing Address

**950 N. Glebe Rd.****Suite 1100****Arlington****VA****22203**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☒

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

**Mr. David H Kellogg**

Mailing Address

**950 N. Glebe Rd.****Suite 1100****Arlington****VA****22203**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**President**

Telephone number

**703****526****0001**

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

**Mr. David H Kellogg**

Mailing Address

**950 N. Glebe Rd.****Suite 1100****Arlington****VA****22203**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**President**

Telephone number

**703****526****0001**

Full Name of  
Designated  
Agent

Mr. James J Wagner

Mailing Address

1847 LAMONT ST NW

Washington

DC

20010

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CFO

Telephone number

703

526

0001

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Citizens Bank

Mailing Address

950 N. Glebe Rd.

Suite 100

Arlington

VA

22203

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲